

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

11/720479

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5		1				
6		1				
7		1				
8	1					
9	1					
10		(G)				
11		(I)				
12		(J)				
13	1					
14	1					
15	1					
16	1					
17	1	1				
18		1				
19		1				
20	1					
21	1					
22		(J)				
23		(I)				
24		(J)				
25		(I)				
26		(B)				
27						
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47						
48						
49						
50						
TOTAL IND.	12	↓		↓		↓
TOTAL DEP.	14	←	←	←	←	
TOTAL CLAIMS	26	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.			↓			
TOTAL DEP.			←	←	←	←
TOTAL CLAIMS			[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]